

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 135  
Registered No. 75

**1. PLACE OF BIRTH**

County Yuma State Ariz  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Felix Dominguez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth May 2, 1930  
Month Day Year

8. FATHER  
Full name Alberto Dominguez  
9. Residence (Usual place of abode) Globe Ariz  
If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday 39 (Years)

12. Birthplace (city or place) Mexico  
(State or country)

13. Occupation Miner  
Nature of industry

14. MOTHER  
Full maiden name Juana Salcedo  
15. Residence (Usual place of abode) Globe Ariz  
If non-resident, give place and state.

16. Color or race Mex 17. Age at last birthday 37 (Years)

18. Birthplace (city or place) Clifton Ariz  
(State or country)

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother 15 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 7 (b) Born alive but now dead 8 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born alive at 4:15 P. m. on the date above stated.  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature T. C. Harper  
Physician (Physician or Midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Globe, Ariz.

Month, day, year \_\_\_\_\_ Filed June 6, 1930 H. E. W. [Signature] Registrar

649-502-126

order of birth stated.